

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

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1. Entity Name
FAY AND RICHARD ZINN FAMILY FOUNDATION, INC.



Principal Place of Business
9350 BAY HARBOR DR. W.
APT 5A
BAY HARBOR ISLANDS, FL 33154

Mailing Address
8920 SW 105TH STREET
MIAMI, FL 33176



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0873169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZINN, RICHARD
7775 N.W 48TH STREET
SUITE #110
MIAMI, FL 33166

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/10/2008
DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000787243
01/17/08-80073-017 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME ZINN, FAY
STREET ADDRESS 9350 W BAY HARBOR DR APT 5A
CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

TITLE D
NAME ZINN, RICHARD
STREET ADDRESS 7775 NW 48TH ST STE 110
CITY-ST-ZIP MIAMI, FL 33166

TITLE D
NAME REINHARD, SANFORD
STREET ADDRESS 2875 NE 191ST STE 404
CITY-ST-ZIP AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #